

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
						09/831377					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1							51				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL							TOTAL				
IND.							IND.				
DEP.							DEP.				
TOTAL							TOTAL				
CLAIMS							CLAIMS				

BEST AVAILABLE COPY